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TRANSMITTAL FORM

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Total Number of Pages in This Submission

2

Application Number

10/749,034

Filing Date

December 30, 2003

First Named Inventor

Miguel A Guerrero

Art Unit

2616

Examiner Name

Mounir Moutaouakil

Attorney Docket Number

Intel-051PUS

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

Return Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Daly, Crowley, Mofford & Durkee, LLP

Signature

Printed name

Anthony T. Moosey

Date

May 16, 2008

Reg. No.

55,773

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Shellie Bailey

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May 16, 2008

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/749,034
Filing Date	December 30, 2003
First Named Inventor	Miguel A Guerrero et al.
Art Unit	2616
Examiner Name	Mounir Moutaouakil
Attorney Docket Number	P17932

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 45780

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 45780

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
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Country			
Telephone		Email	

I am the:

- ☐ Applicant/Inventor.
- ☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Pam J. Matlock		
Date	5/7/08	Telephone 480-765-1144	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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